

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/394,826 FILING DATE
9/13/99
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1						51			DEP.
2							52			
3							53			
4							54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2									
TOTAL DEP.	31	↔	↔	↔			2	↔	↔	↔
TOTAL CLAIMS	33						22			